

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee COMMITTEE TO ELECT PHILLIP DEVILLIER PO BOX 409 EUNICE, LA 70535 Check If: New Committee <u> X </u>	2. Date of this Statement <div style="text-align: center;">5/27/2015</div>	Report Number: 49261 Date Filed: 5/28/2015									
	3. Estimated Membership <div style="text-align: center;">100</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>CHRISTOPHER B DEVILLIER</td> <td>Chairperson</td> <td>PO BOX 409 EUNICE, LA 70535</td> </tr> <tr> <td>DWAYNE CORMIER</td> <td>Treasurer</td> <td>PO BOX 409 EUNICE, LA 70535</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	CHRISTOPHER B DEVILLIER	Chairperson	PO BOX 409 EUNICE, LA 70535	DWAYNE CORMIER	Treasurer	PO BOX 409 EUNICE, LA 70535
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DWAYNE CORMIER	Treasurer	PO BOX 409 EUNICE, LA 70535									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <u> X </u> Principal Campaign Committee <u> </u> Subsidiary Committee											
b. Name of Candidate PHILLIP DEVILLIER	c. Office Sought by the Candidate HOUSE OF REPRESENTATIVES CALCASIEU PARISH 36										
9. a. Name of Person Preparing Report AMANDA GUIDRY KATZ b. Daytime Telephone											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u> 28th </u> day of <u> May </u> , <u> 2015 </u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>CHRISTOPHER BLAINE DEVILLIER</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>337-546-0255</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top; padding: 10px;"> <u>DWAYNE CORMIER</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top; padding: 10px;"> <u>337-546-0255</u> Daytime Telephone </td> </tr> </table>			<u>CHRISTOPHER BLAINE DEVILLIER</u> Signature of Committee/Chairperson	<u>337-546-0255</u> Daytime Telephone	<u>DWAYNE CORMIER</u> Signature of Committee Treasurer, if any	<u>337-546-0255</u> Daytime Telephone					
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

TRI-BANK

b. Address

PO BOX 1029
EUNICE, LA 70535